

MDR: M4-03-6875-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-12-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 97545WC and 97546WC.

II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
11-25-02 11-26-02	97545WH 97546WH	\$102.40 \$204.80	\$0.00 \$0.00	Z	\$64.00/hr	Rule 134.600	<p>Per the TWCC-60 table the disputed service was work conditioning; the MDR reviewed HCFA-1500s for disputed dates and the service was work hardening.</p> <p>The work hardening program was denied based upon lack of preauthorization. The requestor submitted a form completed by requestor that indicates preauthorization was obtained on 10-23-02 for four weeks of work hardening, authorization #949012.</p> <p>The insurance carrier's response indicated that the dates in dispute are beyond the 4 weeks preauthorized and payment is not due.</p> <p>The requestor's did not support position that dates in dispute did not exceed the 20 sessions preauthorized; therefore, payment is not recommended.</p>

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to additional reimbursement for CPT code(s) 97545WH and 97546WH.

The above Findings and Decision are hereby issued this 05th day of March 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division